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## AMERICAN SAMOA TELECOMMUNICATIONS AUTHORITY FILED/ACCEPTED

P. O. Box H Pago Pago, American Samoa 96799 JUN 2 7 2097

Federal Communications Commission Office of the Secretary

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Gwen Tauiliili-Langkilde

FAX No.:

684-633-9032

Date:

June 26, 2007

Subject:

American Samoa Telecommunications Authority Interexcl ange Carrier

Division (ASTCA IXC) Certification Filing for ICLS

Pages:

2 (including cover)

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JUN 2 7 2007

6846339032

Pago Pago, American Samoa 96799 Federal Communications Commission reply refer to:

Office of the Secretary

ICLS

Date

June 28, 2007

To.

Mariene H. Dortch Office of Secretary Federal Communications Commission 445 - 12th Street, SW Washington, DC 20554

Karen Maicher

Vice President - High Cost and Low Income Division

Universal Service Administrative Company

2000 L Street, NW. Suite 200 Washington, DC 20036

Re:

CC Docket No. 96-45

Interstate Common Line Support - ICLS

Annual Certification Filing

This is to certify that , American Samoa Telecommunications Authority Interexchange Carrier D vision (ASTCA IXC) will use its INTERSTATE COMMON LINE SUPPORT - ICLS only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

I am authorized to make this certification on behalf of the company named above. This certification is for the study area(s) listed below. (Please enter your Company Name, State and Study Area Code)

|   | , L8                  |                 |           |
|---|-----------------------|-----------------|-----------|
| Company Name                                | State                 | Stu y           | Area Code |
| American Samoa Telecommunications Authority |                       |                 |           |
| Interexchange Cerrier Division (ASTCA IXC)  | AS                    |                 | 379001    |
|   |                       |                 |           |
|   |                       | <del></del> -   |           |
| (If necessary, attach a separate list of    | edditional study area | e and check the | hay)      |

| (If nece                            | (If necessary, attach a separate list of additional study areas and check this box.) |           |               |  |
|-------------------------------------|--|-----------|---------------|--|
| Signed,                             | w  | Date:     | luna 26, 2007 |  |
| [Signature of Authorized Represent  | tative]  | Date:     | June 26, 2007 | A CONTRACTOR OF THE CONTRACTOR |
| Aleki Sene                          |  |           |               |  |
| [Printed Name of Authorized Repre   | esentative]  |           |               |  |
| Executive Director                  |  |           | 1             | )  |
| [Title of Authorized Representative |  |           |               |  |
| Carrier's Name:                     | ASTCA IXC  |           |               | Da e Received  |
| Carrier's Address:                  | PO Box M; Pago Pa  | go AS 961 | 799           | (For afficial use only)  |
| Carrier's Telephone Number:         | 1(684)633-1121   | Bal       | ,             |  |

USAC